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County: Chi ppewa HETZEL CARE CENTER, INC. PO BOX 227 BLOOMER 54724 Phone: (715) 568-2503
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 31
Total Licensed Bed Capacity (12/31/00): 31
Number of Residents on 12/31/00: 29 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Corporati on Skilled No Yes Average Daily Census: 29

Services Provided to Non-Residents	,	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%			
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	<u>%</u>	Age Groups	% 	Less Than 1 Year 1 - 4 Years	44. 8 37. 9
Supp. Home Care-Household Services Day Services	No Yes	Developmental Disabilities Mental Illness (Org./Psy)	6. 9 44. 8	Under 65 65 - 74	0. 0 6. 9	More Than 4 Years	17. 2
Respi te Care	Yes	Mental Illness (Other) Alcohol & Other Drug Abuse	0.0	75 - 84 85 - 94	41.4	******	100.0
Adult Day Care Adult Day Health Care	Yes Yes	Para-, Quadra-, Hemi plegic	0. 0 0. 0	95 & 0ver	41. 4 10. 3	Full-Time Equivalen	
Congregate Meals Home Delivered Meals	No No	Cancer Fractures	0. 0 0. 0		100. 0	Nursing Staff per 100 Re (12/31/00)	si dents
Other Meals Transportation	No No	Cardi ovascul ar Cerebrovascul ar	13. 8 10. 3	65 & 0ver	100. 0	 RNs	27. 1
Referral Service Other Services	No Yes	Di abetes Respi ratory	0. 0 3. 4	Sex	%	LPNs Nursing Assistants	5. 7
Provi de Day Programming for	No	Other Medical Conditions	20. 7	Male Formula	34.5	Aides & Orderlies	38. 7
Mentally Ill Provide Day Programming for			100. 0	Female	65. 5		
Developmentally Disabled	No		*****		100.0		*****

Method of Reimbursement

		Medi (Titl			Medic (Title			0th	er	Pı	ri vate	Pay		Vanage	d Care		Percent
			Per Die	m		Per Die	m		Per Diem	l		Per Diem	1]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	ĭ		\$246. 23	18	81.8	\$99. 64	ŏ	0. 0	\$0.00	5		\$110.00	ŏ	0. 0	\$0.00	24	82. 8%
Intermedi ate				4	18. 2	\$82. 81	0	0.0	\$0.00	1	16. 7	\$101.00	0	0.0	\$0.00	5	17. 2%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependen	t 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	1	100.0		22	100. 0		0	0.0		6	100.0		0	0.0		29	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti or	ıs, Servi ces	, and Activities as o	f 12/31/00
beachs builing kepotering terrou				% 1	leedi ng		Total
Percent Admissions from:		Activities of	%		stance of	% Totally	Number of
Private Home/No Home Health	13. 9	Daily Living (ADL)	Independent	One 01	Two Staff	Dependent	Resi dents
Private Home/With Home Health	2.8	Bathi ng	0.0		86. 2	13. 8	29
Other Nursing Homes	5. 6	Dressi ng	3. 4		86. 2	10. 3	29
Acute Care Hospitals	63. 9	Transferring	31. 0		65. 5	3. 4	29 29 29
Psych. HospMR/DD Facilities	0.0	Toilet Use	24. 1		72. 4	3. 4	29
Rehabilitation Hospitals	0. 0	Eating	55. 2		37. 9	6. 9	29
Other Locations	13. 9	***************	******	*****	*******	********	*******
Total Number of Admissions	36	Continence			Special Trea		%
Percent Discharges To:		Indwelling Or Externa		6. 9		Respiratory Care	6. 9
Private Home/No Home Health	8. 6	Occ/Freq. Incontinent		48. 3		Tracheostomy Care	0. 0
Private Home/With Home Health	11.4	Occ/Freq. Incontinent	of Bowel	27. 6		Suctioning	0. 0
Other Nursing Homes	8. 6					Ostomy Care	3. 4
Acute Care Hospitals	11.4	Mobility				Tube Feeding	0. 0
Psych. HospMR/DD Facilities	0.0	Physically Restrained		13. 8	Recei vi ng	Mechanically Altered I	Diets 44.8
Rehabilitation Hospitals	0. 0	a					
Other Locations	2. 9	Skin Care				nt Characteristics	
Deaths	57. 1	With Pressure Sores		3. 4		ce Directives	72. 4
Total Number of Discharges	~ =	With Rashes		0.0	Medications		
(Including Deaths)	35		*****		Recei vi ng	Psychoactive Drugs	41. 4

		Ownershi p:		Bed	Si ze:		ensure:		
	Thi s	is Proprietary		Under 50		Skilled		Al l	
	Facility	Peer Group		Peer	Group	Peer Group		Faci l	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93. 5	82. 5	1. 13	87. 9	1.06	84. 1	1. 11	84. 5	1. 11
Current Residents from In-County	89. 7	83. 3	1. 08	72. 9	1. 23	83. 5	1. 07	77. 5	1. 16
Admissions from In-County, Still Residing	33. 3	19. 9	1. 68	31. 0	1.07	22. 9	1.46	21. 5	1. 55
Admissions/Average Daily Census	124. 1	170. 1	0. 73	70. 7	1. 76	134. 3	0. 92	124. 3	1.00
Discharges/Average Daily Census	120. 7	170. 7	0. 71	76. 4	1. 58	135. 6	0.89	126. 1	0. 96
Discharges To Private Residence/Average Daily Census	24. 1	70.8	0. 34	14. 6	1. 65	53. 6	0. 45	49. 9	0.48
Residents Receiving Skilled Care	82. 8	91. 2	0. 91	86. 1	0. 96	90. 1	0. 92	83. 3	0. 99
Residents Aged 65 and Older	100	93. 7	1. 07	97. 8	1.02	92. 7	1. 08	87. 7	1. 14
Title 19 (Médicaid) Funded Residents	75. 9	62. 6	1. 21	59. 8	1. 27	63. 5	1. 19	69. 0	1. 10
Private Pay Funded Residents	20. 7	24. 4	0. 85	37. 1	0. 56	27. 0	0. 77	22. 6	0. 92
Developmentally Disabled Residents	6. 9	0.8	8. 95	1.4	4. 98	1. 3	5. 49	7. 6	0. 90
Mentally Ill Residents	44. 8	30. 6	1.46	36. 6	1. 23	37. 3	1. 20	33. 3	1. 34
General Medical Service Residents	20. 7	19. 9	1. 04	13. 0	1. 59	19. 2	1. 08	18. 4	1. 12
Impaired ADL (Mean)	44. 1	48. 6	0. 91	50. 6	0. 87	49. 7	0.89	49. 4	0.89
Psychological Problems	41. 4	47. 2	0. 88	63. 4	0. 65	50. 7	0. 82	50. 1	0.83
Nursing Care Required (Mean)	7. 3	6. 2	1. 19	8. 0	0. 91	6. 4	1. 14	7. 2	1.02